

2013 Cryptologic History Symposium
October 17 & 18

Johns Hopkins University Applied Physics Laboratory Kossiakoff Center
11100 Johns Hopkins Road, Laurel, Maryland 20723-6099

Registration per Person: \$65/day Full-time Student Rate: \$35/day (bring student ID to Symposium)

Fee includes daily lunch, morning and afternoon refreshments.
Shuttle bus service will be available from the lower level parking lot.

Print out and mail below Registration Form with payment to:
National Cryptologic Museum Foundation (NCMF)
P.O. Box 1682, Fort George G. Meade, MD 20755

or register online at www.cryptologicfoundation.org (use instructions below)

*Scroll down and on right sidebar ("News & Events") find "CCH History Symposium" and double click to view symposium description, then click hypertext "online" at end of description to access registration page. Enter total amount of your payment (do not include dollar sign) in "AMOUNT" box (**registration is \$65 per day, \$130 both days - student rate is \$35 per day**). Scroll down to mark circle for "CCH Symposium" and in "Program Registration Info" box enter the day or days you will attend. To pay, select credit/debit or PayPal. To submit click "DONATE NOW" (note this is a registration fee, not a tax-deductible donation).*

For registration assistance call (301) 688-5436
For symposium information call (301) 688-2336

***We need to receive your mailed or online registration by October 7;
unfortunately, we will not be able to make any refunds after October 11.***

----- **REGISTRATION FORM** -----

To register, please select dates attending.

Registration: **Thursday, October 17 _____ (\$65)** **Friday, October 18 _____ (\$65)**

Student Rate: **Thursday, October 17 _____ (\$35)** **Friday, October 18 _____ (\$35)**

Name(s): _____

Address: _____

Contact Information (Optional): Phone or E-mail _____

U.S. Citizenship: Yes _____ No _____ Country (if Non-U.S. Citizen) _____

Total Amount Enclosed: _____ (**Checks Preferred: Make checks payable to NCMF**)

NCMF also accepts ☐Master Card, ☐Visa, and ☐American Express (check appropriate box):

Credit Card Number: _____ Expiration Date: _____ (mm/dd/yy)

V-code: _____ (last 3 numbers in signature block, AMEX - 4 digits on front)

Authorized Signature _____